

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032	
(X4) IC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
(X5) COMPLETE DATE			

(000) INITIAL COMMENTS

A follow-up survey was conducted on July 5, 2011, based on the deficiencies cited on April 19, 2011.

The survey findings was based on observations in the home, interviews with administrative management, nursing and direct care staff, and a review of resident and administrative records, including incident reports.

(042) 3502.2(b) MEAL SERVICE / DINING AREAS

Modified diets shall be as follows:

(b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and

This Statute is not met as evidenced by: Based on interviews, as well as review of staff in-service training records, the facility failed to ensure that modified diets were planned, prepared, and served by individuals who had received instruction from a dietitian. (Residents #1, #2, #3, #4 and #5)

The findings include:

A follow-up survey was conducted on July 5, 2011. Interview with the Residential Program Director (RPD) on the same day at approximately 11:48 a.m. revealed the facility had hired a new nutritionist. According to the RPD, the new nutritionist had been in the facility on June 18, 2011 and July 2, 2011 to conduct assessments.

1. Observation on July 5, 2011, at approximately 7:25 a.m. revealed Resident #1 was asleep and sitting in

(1000)

Carl's Place has hired a Nutritionist to address the nutritional care of all the residents. The nutritionist is in the process of training the staff on the Individuals diets and creating a new menu per the Individuals diets. The Nutritionist will have an agenda and a sign in sheet. The administrative team reviews all nutritional records monthly and provides the CEO with updates on the nutritional status of the residents. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records monthly. The Administrative Team meets monthly to review the QA reports to address corrective action plans. A new Residential Director has been hired as well to oversee the day to day operations and works closely with the Nutritionist ensure proper nutritional care for all residents. Carl's Place has developed Standard Operating Procedures for the day to day oversight of Healthcare issues in the affected deficit areas. The Administrative Team is in the process of revising the policies, training staff, and developing procedural practices to

8-1-2011

(1042)

Health Regulation & Licensing Administration

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6896

2CS512

If continuation sheet 1 of 7

Karen Hutcheson, CEO 7/21/2011

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032			
ALC ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
(042)	Continued From page 1 the facility's living room. Further observation revealed the resident appeared to be obese. Interview with the facility's Registered Nurse (RN) was conducted on July 5, 2011 at approximately 3:30 p.m. to ascertain information regarding weight charts. Review of the weight charts revealed Resident #1 weighed 174 pounds as of June 2011. Review of the resident's record revealed an initial nutritional assessment dated March 19, 2011. According to the assessment, the resident was recommended a 1800 calorie diet. Further review of the record revealed the resident #1's desired body weight (DBW) was 97-127 lbs. It should be noted that the resident was 47 lbs overweight. Observation of the meal preparation for dinner on July 5, 2011, beginning at approximately 6:16 p.m., revealed the staff making macaroni and tuna salad which appeared to have an excessive amount of mayonnaise. The menu prescribed beef stew. Interview and review of the training records revealed nutritional training was conducted on June 4, 2011 by the facility's Registered Nurse (RN) and not a dietician. Review of the sign-in sheet revealed the training was on nutrition, however, there was no documented evidence of an agenda available for review. 2. Review of Resident #2' and #3's records on July 5, 2011 at approximately 11:38 a.m. revealed that there was not a nutritional quarterly conducted since July 16, 2010. The Plan of Correction (POC) for the survey conducted on April 19, 2011 revealed the facility would ensure that staff would be trained by a dietician regarding planning, preparing and serving meals by May 12,	(I 042)	ensure the deficit areas do not occur again for all residents. A Quality Assurance Coordinator has been hired to provide oversight in affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. A team of Health Care professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist. Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as		8-1-2011

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
DEFIC PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C42)	Continued From page 2 2011 It was revealed on the previous survey that Resident #2's and #3's recommended diet was 1800 calories, low sodium, and low fat. Their (BW (Ideal Body Weight) were 200 pounds and 160 pounds respectively. Review of the weight chart on July 5, 2011 revealed Resident #2's current weight was 210.6 and Resident #3's current weight was 172.2. Resident #2 was ten pounds overweight and Resident #3 was twelve pounds overweight. 3. Review of Resident #4's record on July 5, 2011 revealed a "Nutritional Counseling" session conducted on February 12, 2011. Continued review of the document revealed the session was entitled "face to face with Individual and Family/Staff. According to the documented session, the resident's DBW was 186 pounds, and his current weight was 254.6. It should be noted that the resident was seventy pounds overweight. Review of the resident's weight chart revealed in June 2011 his weight was 262.8 pounds, which reflected a eight pound weight gain since the February 12, 2011 assessment. 4. Review of Resident #5's record on July 5, 2011 at approximately 11:38 a.m. revealed that there was not a nutritional quarterly conducted since July 16, 2010. The Plan of Correction (POC) for the survey conducted on April 19, 2011 revealed the facility would ensure that staff would be trained by a dietician regarding planning, preparing and serving meals by May 12, 2011. Interview and review of the training records revealed training was conducted on June 4, 2011 by the facility's Registered Nurse (RN) and not a dietician. Review of the sign-in sheet revealed the training was on nutrition, however, there was	(I 042)	outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, and Administrative Coordinator, CEO, Quality Assurance and residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.	8-1-2011

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
VADO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
(1042)	Continued From page 3 no documented evidence of an agenda. It was revealed on the previous survey that Resident #5's recommended diet was 1800 calories, low sodium, and low fat. Her IBW (Ideal Body Weight) was 170 pounds. At the time of the survey, there was no documented evidence that the staff had received instructions/training from a dietician before planning, preparing and serving meals. <u>Previous Deficiencies from April 19, 2011</u> Interview with the direct care staff on April 19, 2011 at approximately 4:06 p.m., revealed all the residents had been prescribed a 1800 calorie diet with the exception of Resident #1. According to the direct care staff, Resident #1 had been prescribed a 2200 calorie diet. Observation and interview on the same evening revealed beef stroganoff and vegetables were being served. The direct care staff revealed that residents would also be served 2% milk, which was observed to be in the facility's refrigerator. It should be noted that the direct care staff was observed using a beef stroganoff seasoning packet. observation of the back of the package revealed the seasoning contained 500 mg of sodium. Review of the GHPID's menus revealed individuals prescribed 1800 calorie diets should receive skim milk. Review of the resident's medical records revealed physician orders for April 2011 which verified the prescribed diets and also revealed that they were prescribed low sodium diets.	(1042)	Carl's Place has hired a Nutritionist to address the nutritional care of all the residents. The nutritionist is in the process of training the staff on the Individuals diets and creating a new menu per the Individuals diets. The Nutritionist will have an agenda and a sign in sheet. The administrative team reviews all nutritional records monthly and provides the CEO with updates on the nutritional status of the residents. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records monthly. The Administrative Team meets monthly to review the QA reports to address corrective action plans. A new Residential Director has been hired as well to oversee the day to day operations and works closely with the Nutritionist ensure proper nutritional care for all residents. Carl's Place has developed Standard Operating Procedures for the day to day oversight of Healthcare issues in the affected deficit areas. The Administrative Team is in the process of revising the policies, training staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. A Quality Assurance Coordinator has been hired to provide oversight in affected areas. The Quality Assurance Coordinator		8-1-2011

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(I 042)	Continued From page 4	(I 042)		8-1-2011	
(I 043)	<p>Review of the GHPID's training records on April 19, 2011 at approximately 10:53 a.m., revealed the most current training entitled "menus" was scheduled on November 10, 2010. Review of the sign-in in-service sheet revealed there was no signature identifying the trainer nor was there an agenda. At the time of the survey, there was no documented evidence that the staff had received instructions/training from a dietician before planning, preparing and serving meals.</p> <p>3502.2(c) MEAL SERVICE / DINING AREAS</p> <p>Modified diets shall be as follows:</p> <p>(c) Reviewed at least quarterly by a dietician.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietician for three of the three residents included in the sample. (Residents #2, #3, and #5)</p> <p>The finding includes:</p> <p>1. Review of Resident #2's medical record on April 19, 2011 at approximately 12:33 p.m. revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 19, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 226.6 lbs with an ideal body weight of 200 lbs. The surveyor also reviewed the resident's weight chart which revealed</p>		<p>conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. A team of Health Care professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist. Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, and Administrative Coordinator, CEO, Quality Assurance and residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.</p>		

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/05/2011
NAME OF PROVIDER OR SUPPLIER CARLS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032		
Y1 D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
(I 043}	Continued From page 5 Resident #2 was twenty (20 lbs) over his ideal body weight as of March 2011. At the time of the survey, the GHPID failed to ensure Resident #2's modified diet was reviewed at least quarterly. 2. Review of Resident 3's medical record on April 19, 2011 at revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium, low cholesterol. The nutritional quarterly also revealed the resident weighed 182 lbs with an ideal body weight of 160 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was nineteen (19 lbs) over his ideal body weight as of April 2011. At the time of the survey, the GHPID failed to ensure Resident #3's modified diet was reviewed at least quarterly. 3. Review of Resident #5's medical record on April 19, 2011 at approximately 12:13 p.m. revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 208 lbs with an ideal body weight of 170 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was thirty-seven (37 lbs) over her ideal body weight as of April 2011. At the time of the survey, the GHPID failed to ensure Resident #5's modified diet was reviewed at least quarterly.	(I 043}	Carl's Place has hired a Nutritionist to address the nutritional care of all the residents. The nutritionist is in the process of training the staff on the Individuals diets and creating a new menu per the Individuals diets. The Nutritionist will have an agenda and a sign in sheet. The administrative team reviews all nutritional records monthly and provides the CEO with updates on the nutritional status of the residents. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records monthly. The Administrative Team meets monthly to review the QA reports to address corrective action plans. A new Residential Director has been hired as well to oversee the day to day operations and works closely with the Nutritionist ensure proper nutritional care for all residents. Carl's Place has developed Standard Operating Procedures for the day to day oversight of Healthcare issues in the affected deficit areas. The Administrative Team is in the process of revising the policies, training	8-1-2011	

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/05/2011
---	---	--	--

NAME OF PROVIDER OR SUPPLIER CARLS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

(I 043) Continued From page 6

(I 043)

8-1-2011

A follow-up survey was conducted on July 5, 2011. Interview with the Residential Program Director (RPD) on the same day at approximately 11:48 a.m. revealed the facility had hired a new nutritionist. According to the RPD, the new nutritionist had been in the facility on June 18, 2011 and July 2, 2011.

At the time of the follow-up survey, there was no documented evidence of Resident #2, #3, and #5

staff, and developing procedural practices to ensure the deficit areas do not occur again for all residents. A Quality Assurance Coordinator has been hired to provide oversight in affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. A team of Health Care professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist. Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN, LPN, and Administrative Coordinator, CEO, Quality Assurance and residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's.